



Revista Bioética

ISSN: 1983-8042

bioetica@portalmedico.org.br

Conselho Federal de Medicina

Brasil

de Oliveira Lobo, Mariana; Moura Garcez, Fernanda Caroline; China Bezerra, Armando
José; Gomes, Lucy

Relação médico-paciente idoso no cinema: visões de atendimento

Revista Bioética, vol. 25, núm. 2, 2017, pp. 382-391

Conselho Federal de Medicina

Brasília, Brasil

Available in: <http://www.redalyc.org/articulo.oa?id=361552153019>

- How to cite
- Complete issue
- More information about this article
- Journal's homepage in redalyc.org

redalyc.org

Scientific Information System

Network of Scientific Journals from Latin America, the Caribbean, Spain and Portugal

Non-profit academic project, developed under the open access initiative

The doctor-elderly patient relationship in cinema: visions of care

Mariana de Oliveira Lobo¹, Fernanda Caroline Moura Garcez², Armando José China Bezerra³, Lucy Gomes⁴

Abstract

This article aims to describe different views of care through the doctor-elderly patient relationship as addressed in feature films. Research was carried out based on national and international filmography, seeking films containing scenes in which the doctor-elderly patient relationship was portrayed in different ways. In the ten films analyzed, it was possible to identify expectations regarding the care of the elderly patient, both from the patient's and their family's view, describing the feelings and socio-cultural values present in the interrelationship established during the professional practice of medicine. It was concluded that cinematographic language is useful for the training of physicians, who should be concerned with the human aspect of their work, as well as for the interpretation of elements involving the complex doctor-patient relationship, particularly among the elderly.

Keywords: Physician-patient relations. Aged. Prejudice. Medical care. Medical Education.

Resumo

Relação médico-paciente idoso no cinema: visões de atendimento

Este artigo objetiva descrever diferentes visões de atendimento da relação médico-paciente idoso abordada em filmes de ficção. Pesquisou-se filmografia nacional e internacional, buscando filmes de longa-metragem que exibissem cenas em que a relação médico-paciente idoso fosse retratada de diferentes formas. Foi possível identificar nos dez filmes analisados expectativas referentes ao atendimento do paciente idoso, tanto na visão do paciente quanto na de seus familiares, evidenciando sentimentos e valores socioculturais presentes na inter-relação estabelecida durante o exercício profissional da medicina. Concluiu-se que a linguagem cinematográfica é útil para a formação do médico, que deve se preocupar com o sentido humano de seu trabalho, bem como para interpretar elementos que envolvem a complexa relação médico-paciente, particularmente com o idoso.

Palavras-chave: Relações médico-paciente. Idoso. Preconceito. Cuidados médicos. Educação médica.

Resumen

Relación entre el médico y los pacientes ancianos en el cine: visiones de atención

El objetivo de este artículo es describir las diferentes visiones de atención, abordadas en películas de ficción, sobre la relación entre el médico y los pacientes ancianos. Se investigó la filmografía nacional e internacional, buscando películas de larga duración que exhibieran escenas en las que la relación entre el médico y el paciente anciano se retratara de diferentes formas. En las diez películas analizadas, fue posible identificar expectativas referentes a la atención del paciente anciano, tanto en la visión del paciente como en la de sus familiares, evidenciando sentimientos y valores socioculturales presentes en la interrelación establecida en el ejercicio profesional de la medicina. Se concluyó que el lenguaje cinematográfico es útil para la formación del médico, quien debe preocuparse del sentido humano de su trabajo, para interpretar elementos que involucran la relación compleja entre el médico y el paciente, particularmente el anciano.

Palabras clave: Relaciones médico-paciente. Anciano. Prejuicio. Atención médica. Educación médica.

1. **Graduanda** marilobo@hotmail.com – Universidade Católica de Brasília (UCB) 2. **Graduanda** fe.garcez@gmail.com – UCB 3. **Doutor** abezerra@ucb.br – UCB 4. **Doutora** lucygomes@pos.ucb.br – UCB, Brasília/DF, Brasil.

Correspondência

Mariana de Oliveira Lobo – SHCGN 716, bloco R, casa 13 CEP 707700-748. Brasília/DF, Brasil.

Declararam não haver conflito de interesse.

In the practice of geriatric medicine, it can be noticed the need for physicians to privilege the feelings and values of the elderly patients and their families, stimulating the joint reflection for decision making. The care of the elderly patient requires a delicate relationship of mutual trust, since personalized care must go beyond therapeutic behavior. It must holistically approach both the pathological and emotional aspects of the elderly patient, who are often fragile, socially displaced and with reduced autonomy to carry out their daily activities.

Empathy, familiarity and communication are essential for the physician to establish the correct diagnosis and provide the well-being sought by the elderly patient. Balint¹, in his theory of therapeutic efficacy, defends this idea with the concept of what he calls “medical remedy”: listening and attention dedicated to the patient can have the curative effect of a drug. The cinematographic language is quite useful for the formation of the physician^{2,3}, who must be concerned with the human sense of his work, as well as with the interpretation of the elements that involve the complex doctor-elderly patient relationship.

The cinema, through verbal and non-verbal language, assists the construction of the vocational identity of the doctor in formation and, as a didactic element it can make the doctor to become interested in human histories more tangible, awakening it to the humanization of medicine². Tapajós⁴ argues that there is an important and growing interaction between medicine and the arts from the moment one establishes deeper knowledge of human motivations, attitudes, and emotions. In this sense, this study sought to describe different visions of care of the doctor- elderly patient relationship present in feature films, addressing their main reports, questions and experiences.

Method

This is an exploratory study in which research was carried out using national and international filmography, looking for feature films that showed scenes that portrayed the doctor-elderly patient relationship in different ways. It was researched in the following websites: Cinema10, AdoroCinema, Cinemateca brasileira, Filmes de cinema, Cineplayers, Cineclick and InterFilmes.

In the search, not limited to the date of launch, the following keywords in Portuguese were

used: “elderly”; “doctor-patient relationship”; “doctor-elderly patient relationship”; “Aging and medical care”; “prejudice”; “old age and medicine”. The keywords were also searched for in English: “elderly”; “Elderly patient doctor relationship”; “old age and medicine”; “prejudice against medical patient”.

Initially, 23 films that had the proposed theme were pre-selected and fully watched by the teachers and authors of this study, covering a period of identification / selection of two months, with an average time of one hour and 33 minutes per film.

Following, in the screening stage, ten films were independently selected by each pair of reviewers (medical teachers and undergraduates). The two main criteria for inclusion of the films were: addressing situations that evidenced the doctor-elderly patient relationship in a direct way; Or portraying scenes of acting in geriatric medicine, so that they could serve as a tool to better exemplify and understand the health of the elderly patient.

The films selected with the subject studied were analyzed in a period of one month by all the researchers, who made notes on scenes showing the doctor-elderly patient relationship and its unfolding. The second stage consisted in the active search by the undergraduates for scientific literature that would support the expectations in the care regarding the situations explained in the films.

Finally, the manuscript was prepared and the work analyzed, revised and edited according to the guidelines of the medical professors. The following are the films judged by all authors as being didactically relevant to teaching the subject to undergraduate medical students. We identified the different aspects of the doctor- elderly patient relationship linked to these scenes, analyzing their different values and perspectives.

Results and discussion

Ten films that exposed didactically the doctor-elderly patient relationship were analyzed, they are presented in a chronological order below.

All that jazz

Roy Scheider plays Joe Gideon, in a semi-autobiography of the writer, director and choreographer Bob Fosse. As a smoker, the movie shows in several scenes a productive chronic cough, characterizing the disease a chronic

obstructive pulmonary disease (COPD) with chronic bronchitis. The doctor – the elderly character –, who examines Joe, has a contradictory posture, especially for today's standards. He is, at the same time, inadequate and ironically funny. That's because, while listening to Joe's lungs, his doctor is also smoking and coughing.

Until the 1940s, the evil effects of smoking were not so widely publicized or known. The predominance of the tobacco industry –, based in industrialized countries but employing cheap labor and land in developing countries –, has spread the use of tobacco in the form of cigarettes which, sold in packs and ready for consumption, have become a symbol of sophistication for men and women. In the movies, the act of smoking was not condemned. Cowboys, sportsmen, aviators, and doctors smoked in open and closed places in a constant and even compulsive way. Contrary to what happens nowadays, when smoking is associated with the role of the villain, at that time smoking was projected as part of the charm of the main characters⁵.

In this cultural context spread worldwide, the proportion of doctors who were smokers (approximately two-thirds) was high, which mirrored, to a certain extent, the standard behavior at the time, even among people with degrees⁵. However, analyzing the situation according to today's knowledge and behavior, paradoxically, the question is: how to trust professionals who should value the example of good health practices when they are seen doing the opposite? It is now known that the smoking doctor weakens his relationship with the patient.

This happened because, if such a habit were recurrent among those who have knowledge about the ills of smoking, that is, cigarette smoking accounts for 25% of myocardial infarction deaths and 85% of deaths due to COPD⁶, how to break the ambivalence in the discussion? One of the fundamental principles of the profession present in the Medical Code of Ethics must be established: *the aim of all the physician's attention is the health of the human being, and for the benefit he must act with the utmost care and the best of his professional capacity*⁷.

Dad

Bette Tremont (Olympia Dukakis) is the mother of the very busy businessman, John Tremont (Ted Danson). Due to acute myocardial infarction, she is suddenly hospitalized. During the scene in which she talks with her son in the hospital, Bette asks that the

true reason of what happened is not revealed to her husband Jake Tremont (Jack Lemmon). She reveals prejudice regarding the age of the doctor in charge (he looks about 30 years old) and his outfits (tight trousers and extravagant belt buckle). The judgment of the elderly patient in relation to her doctor leads her to even distrust the diagnosis.

Hippocrates said that to be good, the doctor should present the following characteristics: altruism, care, modesty, dignified appearance, conciseness, respect for life, a spirit free from distrust and religious devotion. Among the many characteristics listed by the father of medicine, the dignified appearance was highlighted in the scene above and has been an element of research for doctors and medical students.⁸ In this scene, again, it is necessary to contextualize the reactions of the characters in the 27 years since the movie was released.

It is possible to assume that the old Bette was born in the first decades of the twentieth century, when all the societies influenced by Western standards ruled the use of more formal dress, with gloves and hats, for example. Although not considering the specific characteristics of the dress pointed out in the scene, a study published in 2013 by Yonekura et al.⁸ researched the impressions of different medical garments, such as white clothing, a lab coat, a social apron, informal, casual and surgical center clothes, caused in 259 patients, 119 students and 99 doctors.

Shorts and facial piercings were prominent items among those that caused most discomfort in patients. The results showed that Brazilian patients, medical students and doctors developed a better initial impression of physicians who wore traditional dress associated with the profession and more conventional appearance. Brandt⁹ brings other interesting points on the subject. He points out that the health professional's suit is important for all sociocultural categories, but that the clean and tidy appearance is what stands out. Among the patients, the elderly tend to favor formal dress, and this doesn't different treatment.

On the contrary, although the appearance may be important at the initial and immediate moment of the contact, the behavior demonstrated by the professional during the consultation is the determining factor for the final evaluation of the care received. Balint shifts the professional from the only passive role to an active one, provided that in the right proportion, evidencing this focus on sentences as *the medicine most used in medicine is the physician himself, who, like other medications,*

needs to be known in his dosage, reactions side effects and toxicity¹⁰. Blasco quotes: *Humanism is innate to the medical profession. The arts are for the physician a necessary companion that assures his vocational identity*¹¹.

The doctor

Jack McKee (William Hurt) is a successful and wealthy surgeon who shows arrogance in his professional attitudes. When diagnosed with throat cancer, he gets to know other patients in the same condition, living on the other side of the doctor-patient relationship. The film shows the awakening of a middle-aged doctor to the importance of affection and compassion in professional care, radically altering his behavior and sensitizing him to a new vision of medicine.

The film also portrays a general practitioner of the family who is elderly. The latter performs only physical examination and considers only the clinical history seen by the patient's eyes, who is a doctor, but ends up misleading him from the correct diagnosis. Porto¹² says that the doctor-patient relationship arises and develops during the clinical examination, given its quality depends on the time and attention it devotes to the anamnesis, a task that no machine can perform with the efficiency of the interview. The diagnostic decision goes beyond the sum of the different results of the complementary tests. The clinical method is characterized by its ability to see the patient as a whole, presenting sensitivity that no other method has.

The general practitioner in question is a good example of the fact that the first pillar of research is the physical examination. However and probably because he valued the opinion of his patient that it was a simple throat infection, he ended up missing the cancer diagnosis by not requesting laboratory and imaging tests. Once again, the relevance of Porto¹² positioning that associating the clinic with the complementary exams is a challenge of modern medicine, which may also be the secret of the physician's success. The valorization of scientific knowledge must be accompanied by the humanized reception of the patient, so that the medicine is effective.

Patch Adams

After attempting suicide, Hunter Adams (Robin Williams) admits voluntarily in a sanatorium and, while helping other inmates, discovers that he wishes to be a doctor. He started his undergraduate

medical course applying unconventional methods to his patients. In the hospital setting, the character highlights the importance of the doctor-patient relationship by pretending to be a clown, in order to provoke laughter in terminal patients, demonstrating that by taking the patient's attention, laughter can suppress the suffering caused by his existential condition, even momentarily. It also emphasizes the importance of listening to what the patient says and feels at that moment in which he is so vulnerable.

The doctor- elderly patient relationship is portrayed in an unusual way when Patch helps his roommate, Mitch (Philip Seymour Hoffman), to persuade patient Aggie Kennedy (Ellen Albertini Dow) to eat. For this, Patch makes Aggie's old dream come true, gathering the team of doctors and nurses around a pool full of spaghetti. Thus, it demonstrates that the humanization in the care and in the reception of the elderly patient is essential tool to be successful in the treatment.

Miranda¹³, in his article on the doctor- elderly patient relationship, argues that the complexity of the human being, the connection between reason and will, feelings and tendencies, their history, their projects and their families are what make the patients biopsychosocial beings. The more the doctor knows and respects this reality, the better he interacts with his patient; in this case, the frail elderly. This posture is what makes Patch stand out from his colleagues.

Requiem for a dream

The actress Ellen Burstyn plays the middle-aged character Sara in a melancholy way that shows what the human being is capable of to achieve their dreams. In the midst of a troubled relationship with drug-addicted son Harry (Jared Leto), the lonely Sara is invited to join her favorite television show, "Tappy Tibbons Show." She decides to lose weight to introduce herself in a red dress, the favorite of her late husband. As a diet, she starts to take amphetamine, prescribed by an elderly doctor who does not show, in any of the scenes, a concern for the patient's physical and mental health. The doctor is negligent and does not give attention to Sarah, who develops withdrawal syndrome.

Even in the face of this situation, the professional continues to prescribe abusive and unnecessary amphetamines. Amphetamines are stimulants of the central nervous system that can generate euphoria, maintain vigilance, act as anorexigenics and increasing the autonomous

activity of individuals. They were synthesized in the laboratory, since 1928, to combat obesity, depression and nasal congestion. According to Muakad¹⁴, some are can act on the serotonergic system. In Sara's case, the increased bioavailability of neurotransmitters in the synaptic clefts led to reduced sleep and hunger, causing a state of psychomotor agitation.

This becomes clearly noticeable in scenes in which the character presents mood instability, anxiety, verbiage, chills, sweating and insomnia. The continuous use of amphetamine leads Sara to neuronal degeneration and amphetamine psychosis, and the character ends up having constant visual and auditory hallucinations. The doctor-patient relationship portrayed in the film is unacceptable. There is no care or attention with the patient, establishing only a contract of interests (money for illegal prescription) between a middle-aged patient who idealizes a dream and a reckless doctor, making her totally dependent of the drug and leading to disastrous consequences.

Pranzo di Ferragosto

Gianni (Gianni Di Gregorio) is a middle-aged man who lives with his old widowed mother (Valeria de Franciscis) in Rome. His doctor and friend Marcello (Marcello Ottolenghi) quickly examines Gianni when he reports a left shoulder pain radiating to the side of the left upper limb, triggered by physical exertion. He makes the clinical diagnosis of stable angina, but does not request complementary tests, only prescribes medications and changes in lifestyle. He also takes advantage of the meeting with Gianni, even if he is in this condition, to ask you for your favor: stay with your mother during the traditional August 15th holiday.

Luigi takes advantage of Gianni. In the relationship between the two, there is the bond of friendship, but the doctor acts irresponsibly, once he submits him to the situation of greater stress, for having to take care of one older woman alone and, in addition, underdiagnoses his health, making therapy difficult. A research conducted in the United States shows the importance of patients' trust in their physicians, and the good professional-patient relationship favors certain healthy behaviors of patients, such as the practice of proper nutrition¹⁵.

According to the Medical Code of Ethics, in practicing the profession, the physicians should, in obedience to the ethical principles guiding their activity, ensure and work for the perfect ethical performance of medicine and for the prestige and

good reputation of the profession. The article 40 of the aforementioned Code also states: The physician is forbidden to take advantage of situations arising from the doctor-patient relationship to obtain physical, emotional, financial or any other advantage¹⁶.

In this movie, the non-valorization of the clinical state presented by Gianni, the patient, and the lack of care and attention can be characterizes as medical negligence, in a situation that, essentially, should be the opposite: medical diligence. The inertia and passivity in front of the picture of angina become even more unpleasant when the doctor overcharges his friend by asking him such a favor.

Barney's version

The character Barney Panofsky (Paul Giammati) has Alzheimer's disease, and dies at age 66. During the evolution of the disease, among the facts portrayed, he forgets the phone number of the love of his life. The way the physician conducts his care, it is noteworthy the establishment of a relevant trust relationship. To perform the diagnosis he applies cognition tests involving dates, seasons and car models, with questions asked in a persistent, but gentle way.

*The person is not only a person, but a corporal person*¹⁷, says Julian Marias, quoted by Miranda. We are also our body and therefore we find ourselves limited in time and space. The temporal dimension of the human being is its central feature. Man struggles with time, tries to leave it behind, to be above it - the first way to try to overcome it is to keep memories of the past, and the second is to wish to convert the present into something permanent¹⁸. In this sense, the preservation of the autonomy for the health of the elderly, by stimulating the constant reconstruction of the memory, is of extreme importance.

According to a recent scientific Discovery, exercising can contribute to a brain that resists better to the physical shrinkage, in addition to stimulating cognitive flexibility. Evident data have been pointed out about the difference in the percentage of Alzheimer's risk (dementia experienced by Paul Giammati's character) based on the level of exercise¹⁹. Reynolds²⁰, in *"How exercise could lead to a better brain"*, confirms these benefits By emphasizing the undeniable link between exercise and brain health. Since aerobic exercise reverses memory decline in the elderly and even increases the appearance of cells in the memory center²¹, it is the physician's role, as a health promoter, to guide

their patients to adopt this practice in their daily routine.

Shi

Mija (Jeong-hie Yun), a 66-year-old lady, lives in the countryside of South Korea, where she raises her teenage grandson. On a visit to the doctor, she complains of tingling in her right arm and of constant forgetfulness. The doctor prescribes light exercises for the muscles and requests tests. Still in the beginning of the plot, the character, who often forgot the words, mostly the nouns, receives the diagnosis of Alzheimer's disease; However, does not interrupt day to day activities.

In addition to completing her pension working as a caretaker of a middle class gentleman who had suffered a stroke, she enrolls in a course of poetry and goes on to attend poetry reading and karaokes. These activities contribute to maintain a productive routine, essential for brain plasticity. Weuve et al.²¹ demonstrated in a large prospective study with older women that higher levels of regular physical activity in the long run have a strong correlation with higher levels of cognitive functions and reduction of the rate of cognitive decline. Thus, in suggesting the practice of exercises for a 66-year-old woman, the doctor contributed not only to increase her blood flow, but also to the appearance of new vessels and new brain cells²¹, providing a holistic improvement of the condition. The doctor-patient relationship, although only briefly in the film, is an example of the attentive look of the physician towards the elderly patient. It was the valorization of one of the less important complaints of Mija that led to the correct diagnosis of the disease.

The best exotic Marigold Hotel

Muriel Donnelly (Maggie Smith) is one of seven seniors featured in the film. Grumpy, the former housekeeper appears lying on the stretcher of a hospital corridor, refusing to be attended by a black doctor and asking the nurse to be looked after by an English doctor. The nurse provides the English doctor who, to her surprise, has Indian ancestry. He suggests, then, surgery with placement of prosthesis in femoral head executed in pilot project outsourced in hospital in India.

The film does not explain why the character needs this surgery. However, one of the main diagnostic hypotheses, in the absence of reference to falls and due to the fact that Muriel is moving in a wheelchair, is osteoarthritis, a disease marked by cartilage degeneration and surrounding structures,

pain and progressive loss of joint mobility. This disease predominantly affects the women, and its incidence rate increases with age, with the hip being frequently affected. Osteoarthritis can arise for a variety of reasons (endocrine, metabolic, congenital, traumatic), according to Coimbra et al.²². In selected cases, the treatment involves surgical procedures, such as the hip replacement surgery that Muriel underwent.

Another point to be discussed is the prejudicial character of Muriel. Previously the film "Dad" was discussed, which portrays the demeritory judgment of the medical ability based on his clothes, which positively or negatively impresses patients. In the case of the plot of "The Exotic Marigold Hotel", Muriel demonstrates distrust and dislike for what is not part of the culture of her country of origin, including her care by non-English doctors.

"Prejudice" is defined as a negative attitude adopted by a group or person in relation to another group or person, based on a process of social comparison, according to which the group of judging individuals is considered a positive reference point. This negative attitude that human beings manifest in relation to others may appear in several domains. Among them are race, religion, profession, sex, age, region, political affiliation, education, socioeconomic status. Negative attitudes based on skin color or biological differences, real or imagined, constitute the "color prejudice" according to Munanga²³.

This type of prejudice is portrayed in Muriel's speech when addressing the head nurse of the hospital while waiting care of the desired English physician. This pre-judgment is often suffered by doctors, as confirmed in the survey conducted in Ribeirão Preto, São Paulo, Brazil⁸. To color prejudice it is added the ethnic issue. This is because, for centuries, England maintained a subaltern relation of the Indians in relation to their Imperialism.

After the Indian Rebellion of 1857 – Sipoy Mutiny – the British rule over the European balance of power²⁴ was supplemented and complemented by the consolidation of Britain's territorial empire in India. In this context, the elderly character of Maggie Smith still seems to reflect the social, political, and cultural contrast between the punctuality of the five o'clock tea (tradition begun with the Duchess of Bedford - Anna Maria Russell - in the nineteenth century)²⁵ and the Indian caste system.

August: Osage County

Violet Weston (Meryl Streep), a compulsive smoker, is a cancer patient, using polypharmacy,

including opioids. The doctor-elderly patient relationship is demonstrated in a conflictive way: the family, especially the eldest daughter, Barbara (Julia Roberts), presents difficulties in understanding and accepting the amount of prescription drugs prescribed to treat anxiety disorder, panic syndrome and pain of her mother. The disrespect and lack of proper dialogue between Violet's family and her doctor are made explicit in the scene in which Barbara hurls the medicine boxes at Violet's doctor during a consultation, blaming him for her mother's supposed progressive dementia.

The polypharmacy (concomitant consumption of five or more drugs) is an increasingly common practice among the elderly. This phenomenon occurs due to the progressive increase of life expectancy in the national and world scenario, together with the prevalence of chronic diseases, the medicalization present in the training of doctors and the power of the pharmaceutical industry, according to Silveira, Dalastra and Pagotto²⁶. The repercussions of its use, especially in the elderly, include a greater number of adverse reactions and drug interactions due to altered pharmacokinetics^{27,28}.

In Violet's case, eight drugs were prescribed due to the fragile state of the patient and also her mental health and excess of conflicts at home. The combined use of benzodiazepines, opioid analgesics and chemotherapeutic agents prescribed for the character brings harm because, with this amount of medication, the probability of drug interactions is of 100%²⁸.

Another interesting point to be addressed is Barbara's behavior towards her mother's doctor. It reflects a common aspect experienced among family members and physicians of elderly patients: the denial and indignation of family members in the face of diagnoses of their loved ones with bad prognosis. The feeling of impotence and the restructuring of the family nucleus to care for the frail elderly are the main factors of estrangement at the beginning of this process. It is worth mentioning that not only children, grandchildren and spouses need professional guidance to better manage the new reality, but also the elderly patient must work a new stage in his life, in which he is incapacitated to perform daily activities that he used to do before²⁹.

Final considerations

The humanized view of the doctors-elderly patient relationship is productive for both patients

and physicians, and must be practiced in line with bioethical and personal professional aspects and other cultural, scientific and historical issues can directly influence this relationship³⁰. Duarte³¹ says: *Certain cultural experiences, associated to a certain way of watching movies, end up interacting in the production of knowledge, identities, beliefs and worldviews of a large contingent of social actors.*

In the context of the use of films to work concepts related to medical education - especially in the fields of bioethics and ethics - the narratives presented on the screen are important tools, since they bring experiences full of emotion, capable of awakening reflections on life and reality³. Sá and Torres² argue that the cinema contributes positively to the teaching and learning process of students because it favors the assimilation of content by using subjective means for its absorption. It also stimulates thinking about relationships with patients and their illnesses, including important emotional responses. This ratifies the idea put forward by Cezar³ that the cinema allows the student to incorporate concepts into his cognitive repertoire, developing his power of critical analysis³.

Often, patients have expressed dissatisfaction with the cold and inhuman way in which they are treated by some health professionals, who take an alienated and reductionist stance. This is because they prioritize the treatment of diseases, not patients, and ignore the complex biopsychosocial dimension of illness. The exclusively technical character in the training of health sciences professionals gave preference to innovative educational practices that transcend the incorporation of knowledge necessary to understand the health-disease process³². These practices consider the holistic approach of the patient to be relevant, and it is in this scenario that different perspectives regarding the care and the doctor-elderly patient relationship deserve special mention.

Although the number of studies in the literature on elder care has increased in recent years, few studies have been able to synthesize the plurality found in this relationship³³. The cinema as a way of "imitating life" shows itself, in the context of this study, a very consistent tool for assessing problematic situations, real-world interpretation and exams of conscience about individual perceptions regarding doctor-elderly patient relationships. This happens because it allows to visualize the case reported and opens space for discussions that are of extreme importance both for the student of medicine and for the doctor in the exercise of his profession.

Referências

1. Balint M. Le médecin, son malade et la maladie. *Rev Fr Sociol.* 1961;2(1):106-8.
2. Sá EC, Torres RAT. Cinema como recurso de educação em promoção da saúde. *Rev Med (São Paulo).* 2013;92(2):104-8.
3. Cezar PHN. Hipócrates vai ao cinema: a sétima arte e a formação bioética do médico. *Rev Bras Educ Méd.* 2013 [acesso 11 ago 2016];37(1):151. Disponível: <http://bit.ly/2ps6l4d>
4. Tapajós R. A comunicação de notícias ruins e a pragmática da comunicação humana: o uso do cinema em atividades de ensino/aprendizagem na educação médica. *Interface Comun Saúde Educ.* 2007;11(21):165-72.
5. Halty LS, Hüttner MD, Netto IO, Fenker T, Pasqualini T, Lempek B *et al.* Pesquisa sobre tabagismo entre médicos de Rio Grande, RS: prevalência e perfil do fumante. *J Pneumol.* 2002;28(2):77-83.
6. Instituto Nacional do Câncer. Doenças associadas ao tabagismo [Internet]. [acesso 23 fev 2017]. Disponível: <http://bit.ly/2oXWrvl>
7. Conselho Federal de Medicina. Resolução CFM nº 1.931, de 17 de setembro de 2009. Aprova o código de ética médica. *Diário Oficial da União.* Brasília; 24 set 2009;seção I:90-2.
8. Yonekura CL, Certain L, Karen SKK, Alcântara GAS, Ribeiro LG, Rodrigues-Júnior AL *et al.* Impressões de pacientes, médicos e estudantes de medicina quanto a aparência dos médicos. *Rev Assoc Med Bras.* 2013;59(5):452-9.
9. Brandt LJ. On the value of an old dress code in the new millennium. *Arch Intern Med [Internet].* 2003 [acesso 17 out 2015];163:1277-81. doi:10.1001/archinte.163.11.1277.
10. Balint M. O médico, seu paciente e a doença. Rio de Janeiro: Atheneu; 1984. p. 1.
11. Blasco PG. É possível humanizar a medicina? Reflexões a propósito do uso do cinema na educação médica. *O Mundo da Saúde.* 2010;34(3):357-67.
12. Porto CC. O outro lado do exame clínico na medicina moderna. *Arq Bras Cardiol [Internet].* 2006 [acesso 29 abr 2015];87(4):e124-8. Disponível: <http://bit.ly/2oVJyBm>
13. Miranda LFJR. Relação médico-paciente idoso. *Rev Med Minas Gerais.* 2010;20(1):74-80.
14. Muakad IB. Anfetaminas e drogas derivadas. *Rev Fac Dir USP [Internet].* 2013 [acesso 29 abr 2015];108:545-72. Disponível: <http://bit.ly/2pkGrGy>
15. Berry LL, Parish JT, Janakiraman R, Russell LO, Couchman GR, Rayburn WL *et al.* Patients' commitment to their primary physician and why it matters. *Ann Fam Med.* 2008;6(1):6-13.
16. Miranda LFJR. Op. cit. p. 75.
17. Maldonado M. Consciência da temporalidade e temporalidade da consciência. *Rev Latinoam Psicopat Fund São Paulo.* 2008;11(1):39-54.
18. Buchman AS, Boyle PA, Yu L, Shah RC, Wilson RS, Bennett DA. Total daily physical activity and the risk of AD and cognitive decline in older adults. *Neurology.* 2012;78(17):1323-9.
19. Reynolds G. How exercise could lead to a better brain. *N Y Times Mag [Internet].* 18 abr 2012 [acesso 11 ago 2016]. Disponível: <http://nyti.ms/1F3V0zV>
20. Weuve J, Kang JH, Manson JE, Breteler MM, Ware JH, Grodstein F. Physical activity, including walking, and cognitive function in older women. *Jama.* 2004;292(12):1454-61.
21. Coimbra IB, Pastor EH, Greve JMD, Puccinelli MLC, Fuller R, Cavalcanti FS *et al.* Osteoartrite (artrose): tratamento. *Rev Bras Reumatol.* 2004;44(6):450-3.
22. Munanga K. Preconceito de cor: diversas formas, um mesmo objetivo. *Rev Antropol.* 1978;21(2):145-53.
23. Arrighi G. O longo século XX: dinheiro, poder e as origens do nosso tempo. Rio de Janeiro: Contraponto; 1996. p. 394.
24. Pettigrew J, Richardson B. A social history of tea. London: The National Trust; 2001. p. 102-5.
25. Silveira EA, Dalastra L, Pagotto V. Polifarmácia, doenças crônicas e marcadores nutricionais em idosos. *Rev Bras Epidemiol.* 2014;17(4):818-29.
26. Secoli SR. Polifarmácia: interações e reações adversas no uso de medicamentos por idosos. *Rev Bras Enferm.* 2010;63(1):136-40.
27. Galato D, Silva ES, Tiburcio LS. Estudo de utilização de medicamentos em idosos residentes em uma cidade do sul de Santa Catarina (Brasil): um olhar sobre a polimedicação. *Ciênc Saúde Coletiva.* 2010;15(6):2899-905.
28. Silveira TM, Caldas CP, Carneiro TF. Cuidando de idosos altamente dependentes na comunidade: um estudo sobre cuidadores familiares principais. *Cad Saúde Pública.* 2006;22(8):1629-38.
29. Vianna LG, Vianna C, Bezerra AJC. Relação médico-paciente idoso: desafios e perspectivas. *Rev Bras Educ Méd.* 2010;34(1):150-9.
30. Duarte R. A pedagogia da imagem fílmica: filmes como objeto de pesquisa em educação. *Cad Antropol Imagem.* 2000;10(1):103-12.
31. Dantas AA, Martins CH, Militão MSR. O cinema como instrumento didático para a abordagem de problemas bioéticos: uma reflexão sobre a eutanásia. *Rev Bras Educ Méd [Internet].* 2011 [acesso 11 ago 2016];35(1):69-76. Disponível: <http://bit.ly/2pBtyGt>

32. Assunção LF, Melo GCMP, Maciel D. Relação médico-paciente permeando o currículo na ótica do estudante. Rev Bras Educ Méd. 2008;32(3):383-9.

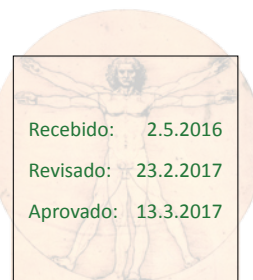
Participation of the authors

Armando José China Bezerra and Lucy Gomes actively participated in the pre-selection of the filmes with the related theme. Mariana de Oliveira Lobo and Fernanda Caroline Moura Garcez participated in the research of scientific literature and review of the manuscript in all stages. All authors collaborated in the selection of films and in the preparation and initial review of the manuscript.

Recebido: 2.5.2016

Revisado: 23.2.2017

Aprovado: 13.3.2017



Appendix

Sites consultados
www.cinema10.com.br
www.adorocinema.com
www.cinematca.gov.br
www.filmesdecinema.com.br
www.cineplayers.com
www.cineclick.com.br
www.interfilmes.com
Filmes analisados
All That Jazz (O Show Deve Continuar). Direção: Bob Fosse. Ano de lançamento: 1979. País: EUA. Idioma: inglês. Duração: 123 min.
August: Osage County (Álbum de família). Direção: John Wells. Ano de lançamento: 2013. País: EUA. Idioma: inglês. Duração: 130 min.
Barney's version (A minha versão do amor). Direção: Richard J. Lewis. Ano de lançamento: 2010. País: Canadá. Idioma: inglês. Duração: 132 min.
Dad (Meu pai, uma lição de vida). Direção: Gary David Goldberg. Ano de lançamento: 1989. País: EUA. Idioma: inglês. Duração: 117 min.
Patch Adams (Patch Adams: o amor é contagioso). Direção: Tom Shadyac. Ano de lançamento: 1998. País: EUA. Idioma: inglês. Duração: 115 min.
Pranzo di Ferragosto (Almoço em agosto). Direção: Gianni Di Gregorio. Ano de lançamento: 2009. País: Itália. Idioma: italiano. Duração: 75 min.
Requiem for a dream (Réquiem para um sonho). Direção: Darren Aronofsky. Ano de lançamento: 2000. País: EUA. Idioma: inglês. Duração: 102 min.
The Best Exotic Marigold Hotel (O exótico Hotel Marigold). Direção: John Madden. Ano de lançamento: 2011. País: Reino Unido. Idioma: inglês. Duração: 124 min.
The Doctor (Um golpe do destino). Direção: Randa Haines. Ano de lançamento: 1991. País: EUA. Idioma: inglês. Duração: 122 min.
Shi (Poesia). Direção: Chang-dong Lee. Ano de lançamento: 2010. País: Coreia do Sul. Idioma: coreano. Duração: 139 min.